

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10043671

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS                     |    |              |                          |
|----------------------------------|----|--------------|--------------------------|
| FOR                              |    | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 40 | minus 20 =   | *                        |
| INDEPENDENT CLAIMS               | 11 | minus 3 =    | 8                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |    |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| XS 9=     |        | OR X\$18=    | 360    |
| X42=      |        | OR X84=      | 572    |
| +140=     |        | OR +280=     |        |
| TOTAL     |        | OR TOTAL     |        |

OTHER THAN  
SMALL ENTITY

12/6/01 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                          | PRESENT<br>EXTRA |
|--|---|---|--------------------------|------------------|
|  |   | Minus                                       | **                       |                  |
| Total  | 37  | Minus                                       | 40                       | = —              |
| Independent                                    | 10  | Minus                                       | 11                       | = —              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |                  |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| XS 9=           |                        | OR X\$18=          |                        |
| X42=            |                        | OR X84=            |                        |
| +140=           |                        | OR +280=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

5/2/02

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                          | PRESENT<br>EXTRA |
|--|---|---|--------------------------|------------------|
|  |   | Minus                                       | **                       |                  |
| Total  | 37  | Minus                                       | 40                       | = —              |
| Independent                                    | 10  | Minus                                       | 11                       | = —              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |                  |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| XS 9=           |                        | OR X\$18=          |                        |
| X42=            |                        | OR X84=            |                        |
| +140=           |                        | OR +280=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                          | PRESENT<br>EXTRA |
|--|---|---|--------------------------|------------------|
|  |   | Minus                                       | **                       |                  |
| Total  |   | Minus                                       | **                       | =                |
| Independent                                    |   | Minus                                       | **                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |                  |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.